

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Amy Acton  
932 Pleasant Ridge Ave  
Columbus, OH 43209



9590 9402 4800 8344 3223 36

2. Article Number (Transfer from service label)

7018 1830 0002 1852 5584

A. Signature

X

☐ Agent

☐ Address

B. Received by (Printed Name)

C. Date of Delivery

FILED

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
TOLEDO

2000 1948

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 4800 8344 3223 36

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

Clerk of Courts  
1716 Spielbusch ave  
Toledo, Ohio 43604

